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|---|--|--------------------------|------------------------|
| <i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> | | <i>Complete if Known</i> | |
| FEES TRANSMITTAL For FY 2009 | | Application Number | 10/595,065-Conf. #2061 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | January 26, 2006 |
| TOTAL AMOUNT OF PAYMENT (\$ 1,730.00) | | First Named Inventor | Tushar A. Kshirsagar |
| | | Examiner Name | R. J. Desai |
| | | Art Unit | 1625 |
| | | Attorney Docket No. | C1271.70018US01 |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|--------------------------------------|---|---|
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): |
| <input type="checkbox"/> Deposit Account | Deposit Account Number | | 23/2825 Deposit Account Name Wolf, Greenfield & Sacks, P.C. | |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| Each claim over 20 (including Reissues) | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Small Entity Fee (\$) | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|-----------------------|----------|---------------|
| - or HP = | x | = | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity Fee (\$) | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|-----------------------|----------|---------------|
| - or HP = | x | = | | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) x | = | Fee Paid (\$) |

| 4. OTHER FEE(S) | Fee Paid (\$) |
|--|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1254 Extension for response within fourth month | 1,730.00 |

| SUBMITTED BY | | | | | | |
|-------------------|------------------------------|-----------------------------------|--------|-----------|--------------|--|
| Signature | /C. Hunter Baker/ | Registration No. (Attorney/Agent) | 46,533 | Telephone | 617.646.8000 | |
| Name (Print/Type) | C. Hunter Baker, M.D., Ph.D. | | | Date | July 7, 2009 | |

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 7, 2009

Electronic Signature for Christine M. Colbert: /Christine M. Colbert/